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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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October 4th, 2017

Eric Johnson, CEO
Northern Human Services
87 Washington Street
Conway, NH 03818

Dear Mr. Johnson,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Northern Human Services. This review took place from September 12th, 2017 through September 14th, 2017. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

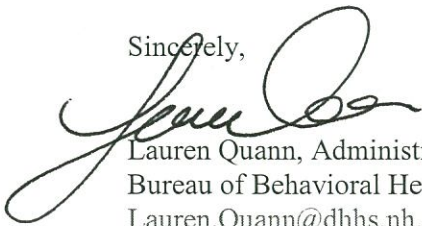
Northern Human Services is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item but please choose 2-3 to focus on for the purpose of your Quality Improvement Plan. Please address these in a QIP to my attention, via e-mail, by the close of business on November 4th, 2017.

- Human Resources: Structure and Composition
 - H4: Practicing ACT Leader - NHS scored an overall 4, Conway office receiving an individual score of 3
 - H5: Continuity of Staffing - NHS scored an overall 4, Berlin office receiving an individual score of 3
 - H7: Psychiatrist on Team – NHS scored an overall 3, Berlin office receiving an individual score of 2 and Conway office receiving an individual score of 3
 - H8: Nurse on team – NHS scored an overall 3 with all locations also receiving an individual score of 3
 - H9: Substance Abuse Specialist on Team – NHS scored an overall 3 with all locations also receiving an individual score of 3
 - H10: Vocational Specialist on Team – NHS scored an overall 3 with Berlin and Littleton office receiving an individual score of 2
 - H11: Program Size – NHS scored an overall 2 with all 3 offices receiving an individual score of 2

- Organizational Boundaries
 - O4: Responsibility for Crisis Services – NHS scored an overall 2 with Berlin and Littleton offices receiving an individual score of 2 and Conway office receiving an individual score of 3
- Nature of Services
 - S4: Intensity of Services – NHS scored an overall 4 but the Conway office did receive an individual score of 3
 - S5: Frequency of Contact – NHS scored an overall 3, Conway office receiving an individual score of 2 and Littleton office receiving an individual score of 3
 - S6: Work with Support System – NHS scored an overall 3 with all offices also receiving an individual scores of 3
 - S7: Individualized Substance Abuse Treatment – NHS scored an overall 2, Conway and Littleton offices receiving individual scores of 1
 - S8: Co-occurring Disorder Treatment Groups – NHS scored an overall 2, Berlin office receiving an individual score of 3, Conway and Littleton offices receiving individual scores of 1
 - S9: Co-occurring Disorders (Duel Disorders) Model – NHS scored an overall 3, Conway office receiving an individual score of 3 and the Littleton office receiving an individual score of 2
 - S10: Role of Peer Specialist on Team – NHS scored an overall 3 with all three offices receiving individual scores of 3

Thank you to all of the NHS staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Sincerely,



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 Bureau of Behavioral Health
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 603-271-8376

Enclosures: Initial Fidelity Review
 CC: Karl Boisvert, Diana Lacey, Susan Drown



Assertive Community Treatment Fidelity Assessment

Northern Human Services

On Site Review Dates: September 12, 13, & 14

Final Report Date: October 2, 2017

David Lynde, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

ACRONYMS

ACT - Assertive Community Treatment
BMHS - NH Bureau of Mental Health Services
CMHC - Community Mental Health Center
CSP - Community Support Program
DHHS - Department of Health and Human Services
DHMC - Dartmouth Hitchcock Medical Center
EBP - Evidence-Based Practice
ES - Employment Specialist
MH - Mental Health
MH Tx Team - Mental Health Treatment Team
NH - New Hampshire
NHH - New Hampshire Hospital
PSA - Peer Support Agency
QA - Quality Assurance
QIP - Quality Improvement Program
SAS - Substance Abuse Specialist
SE - Supported Employment
SMI - Severe Mental Illness
SPMI - Severe and Persistent Mental Illness
TL - Team Leader
Tx - Treatment
VR - Vocational Rehabilitation

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth Hitchcock Medical Center conducted an ACT Fidelity Review with Northern Human Services (NHS) from 9/12/2017 through 9/14/2017. NHS mental health center covers the most rural part of New Hampshire and has many locations throughout upper New Hampshire. NHS has 3 small ACT teams in 3 locations: Berlin, Conway, and Littleton. NHS started developing ACT services in 2007 across the three locations. The reviewers visited the Berlin site on 9/12/17, the Littleton site on 9/13/17, and the Conway site on 9/14/17.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the NHS staff in developing and providing these activities as part of ACT fidelity review process.

The sources of information used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Psychiatrist, ACT Nurse(s), ACT Peer Support Specialist, ACT Vocational Specialist, ACT Substance Abuse Specialist, and other members of the ACT Team
- Interview with ACT clients

REVIEW FINDINGS AND RECOMMENDATIONS

KEY

- ☒ = In effect
☐ = Not in effect

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	NHS 5	The ACT team client to team member ratio average is 9:10	
		Berlin 5	The Berlin ACT team client to team member ratio is 9.9:1 Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}} = \frac{42}{4.25} = 9.9$	
		Conway 5	The Conway ACT team client to team member ratio is 8.7:1 Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}} = \frac{34}{3.93} = 8.7$	
		Littleton 5	The Littleton ACT team client to team member ratio is 8.4:1 Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}} = \frac{35}{4.15} = 8.4$	
H2	Team Approach	NHS 5	On average, 92% of the NHS ACT clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	

#	Item	Rating	Rating Rationale	Recommendations
		Berlin 5	<input checked="" type="checkbox"/> The provider group functions as a team, and team members know and work with all clients 100% of the Berlin ACT clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	
		Conway 4	<input checked="" type="checkbox"/> The provider group functions as a team, and team members know and work with all clients 75% of the Conway ACT clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	The reason that some Conway ACT clients are not seen by multiple different ACT team members regularly might be partially due to staff members focusing too much on their “primary” caseloads. The Conway ACT team leader should carefully monitor clients having contact with different members of the team. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.
		Littleton 5	<input checked="" type="checkbox"/> The provider group functions as a team, and team members know and work with all clients 100% of the Littleton ACT clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	
H3	Program Meeting	NHS 5	The NHS ACT teams generally meet on a regular basis, with varying members attending teams.	The NHS ACT teams might benefit from a more structured approach to team meetings that emphasizes reviewing clients more quickly with concise and critical information. The ACT team leaders might want to consider shortening the meeting length and facilitating the team meetings. Reviewing each client more quickly would create more focus, better continuity of care, and allot more time for client contact.
		Berlin 5	The Berlin ACT team meets as a team 5 days per week and reviews each client each time during each team meeting.	Though the Berlin ACT team meets 5 days per week and reviews all clients, the Berlin ACT team may benefit from the above recommendation. Please see Recommendation in NHS section above.

#	Item	Rating	Rating Rationale	Recommendations
		Conway 4	The Conway ACT team meets as a team 2 days per week and reviews each client each time during each team meeting.	The Conway ACT team might consider adding 2 additional team meetings per week to enhance communication and actively monitor team approach. The Conway ACT team might also benefit from the above Recommendation. Please see Recommendation in NHS section above.
		Littleton 5	The Littleton ACT team meets as a team 5 days per week and reviews each client each time during each team meeting.	Though the Littleton ACT team meets 5 days per week and reviews all clients, the Littleton ACT team may benefit from the above recommendation. Please see Recommendation in NHS section above.
H4	Practicing ACT Leader	NHS 4	On average, the NHS ACT supervisors provide direct client services at least 25% of the time.	The NHS ACT team leaders might want to consider meeting together to learn what strategies and approaches the Berlin ACT team leader might use to provide direct services at least 50% of her time.
		Berlin 5	The Berlin NHS ACT supervisor provides direct client services at least 50% of the time.	The Berlin NHS ACT team leader provides direct services at least half of her time by working with ACT clients directing, participating in hospitalizations, helping with crises, and shadowing client appointments with new staff.
		Conway 3	The Conway NHS ACT supervisor provides direct client services less than 25% of the time.	<p>Conway NHS might want to consider working with the Conway ACT team leader to identify specific duties and requirements that impede the team leader from providing 50% of his time in direct service to ACT clients. Many ACT team leaders start this process by doing a 2 week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT team leader from reaching this level of direct services.</p> <p>The Conway ACT team leader might also consider tracking all of his direct service activities on a regular basis, as well as increasing the use of direct client services or shadowing to train new ACT staff.</p>

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 4	The Littleton NHS ACT supervisor provides direct client services at least 25% of the time.	The Littleton ACT team leader might consider tracking all of her direct service activities on a regular basis, as well as increasing the use of direct client services or shadowing to train new ACT staff.
H5	Continuity of Staffing	NHS 4	<p>The average turnover rate for the NHS ACT teams in the past 2 years is 30%.</p> <p>Staffing was provided for the past 23 months.</p> <p>Item formula: $\frac{\# \text{ of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\# \text{ of months}} = \text{Turnover rate}$ </p>	<p>The NHS ACT team leaders might want to collect feedback from current ACT staff about reasons they stay on the ACT teams. NHS ACT team leaders might also want to consider gathering data about why staff leave the ACT teams via exit interviews to identify any potential areas for improvement.</p> <p>The NHS ACT teams could also consider implementing incentives for ACT team members. Ideas from other ACT teams include providing staff ACT staff with 1 mental health day per quarter, self-care work-shops, reducing paperwork, more flexible scheduling, providing work cell phones, and offering occasional car detailing.</p> <p>Staff continuity can also be improved by having a strong team connection. The NHS ACT teams might consider making time for team building on and off the job site. Ideas include monthly celebration lunches, on or off-site team building activities, and / or an off-site annual retreat.</p>
		Berlin 3	<p>The turnover rate for the Berlin NHS ACT team in the past 2 years is 57%.</p> $\frac{10}{9} \times \frac{12}{23} = .57$	Please see Recommendation above in NHS section.
		Conway 4	<p>The turnover rate for the Conway NHS ACT team in the past 2 years is 26%.</p> $\frac{5}{10} \times \frac{12}{23} = .26$	Please see Recommendation above in NHS section.

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 5	<p>The turnover rate for the Littleton ACT team in the past 2 years is 7%.</p> $\frac{1}{8} \times \frac{12}{23} = .07$	The Littleton NHS ACT team has retained most of their staff over the past 2 years, which is commendable. The Littleton ACT team would be a great resource for the other 2 NHS ACT teams to assist in improving their staff continuity. The other 2 NHS ACT teams could gather information about reasons the Littleton ACT team members stay on the team, as well as what strategies the Littleton ACT team leader might use for continuity.
H6	Staff Capacity	NHS 5	<p>On average, the NHS ACT teams operated at 95% of full staffing in the past 12 months.</p> <p>Item formula: $\frac{100 \times (\text{sum of \# of vacancies each month})}{\text{Total number of staff positions} \times 12} = \% \text{ of absent positions}$ </p>	
		Berlin 5	$\frac{100 \times 5}{9 \times 12} = 4.6\% \text{ of absent positions or } 95.4\% \text{ capacity}$	
		Conway 5	$\frac{100 \times 0}{10 \times 12} = 0\% \text{ of absent positions or } 100\% \text{ capacity}$	
		Littleton 4	$\frac{100 \times 9}{8 \times 12} = 9.4\% \text{ of absent positions or } 90.6\% \text{ capacity}$ <p>The Littleton ACT team appears to have had a vacancy for an ACT clinician for the past 10 months.</p>	<p>The Littleton ACT team might want to work with their Human Resources and Marketing departments to produce creative advertising for the open ACT position.</p> <p>It might also be worthwhile for the Littleton and Northern Human Services' ACT teams to explore possible MSW internship arrangements with a Social Work department such as the one at the University of New Hampshire. This would expose more social work students to ACT services and may be a direct source of future recruitment for ACT staff.</p>

#	Item	Rating	Rating Rationale	Recommendations
H7	Psychiatrist on Team	NHS 3	On average, the NHS ACT psychiatrists are assigned .69 FTE on the ACT teams, per 100 clients. Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$	The NHS ACT teams are aware of the critical need for prescriber time on some of the NHS ACT teams. It is worth noting that NHS ACT teams are in the process of hiring an MD or APRN for additional ACT psychiatric services.
		Berlin 2	The ACT psychiatrist is assigned .08 FTE on the Berlin ACT team, serving 42 ACT clients. $\frac{.08 \times 100}{42} = .19 \text{ FTE per 100 clients}$	Given the size of the Berlin ACT team, the agency should explore ways to increase the psychiatry time to at least .45 FTE.
		Conway 3	The ACT psychiatrist is assigned .2 FTE on the Conway ACT team, serving 34 ACT clients. $\frac{.2 \times 100}{34} = .59 \text{ FTE per 100 clients}$	Given the size of the Conway ACT team, the agency should explore ways to increase the psychiatry time to at least .35 FTE.
		Littleton 5	The ACT psychiatrist is assigned .45 FTE on the Littleton ACT team, serving 35 ACT clients. $\frac{.45 \times 100}{35} = 1.29 \text{ FTE per 100 clients}$	Given the size of the Littleton ACT team, the allocated psychiatrist time is excellent.
H8	Nurse on Team	NHS 3	On average, the ACT Nurses are assigned .97 FTE on the ACT teams, per 100 clients. Item Formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$	It might be worthwhile for the NHS ACT teams to consider hiring for additional ACT nurses for each NHS ACT team.

#	Item	Rating	Rating Rationale	Recommendations
		Berlin 3	The Berlin ACT Nurse is assigned .4 FTE on the Berlin ACT team, serving 42 ACT clients. $\frac{.4 \times 100}{42} = .95 \text{ FTE per 100 clients}$	Given the size of the Berlin ACT team, the agency should explore ways to increase the Nurse time to at least .85 FTE.
		Conway 3	The Conway ACT Nurse is assigned .29 FTE on the Conway ACT team, serving 34 ACT clients. $\frac{.29 \times 100}{34} = .85 \text{ FTE per 100 clients}$	Given the size of the Conway ACT team, the agency should explore ways to increase the Nurse time to at least .7 FTE.
		Littleton 3	The Littleton ACT Nurse is assigned .4 FTE on the Littleton ACT team, serving 35 ACT clients. $\frac{.4 \times 100}{35} = 1.1 \text{ FTE per 100 clients}$	Given the size of the Littleton ACT team, the agency should explore ways to increase the Nurse time to at least .7 FTE.
H9	Substance Abuse Specialist on Team	NHS 3	On average, the ACT Substance Abuse Specialists are assigned 1.1 FTE on the ACT teams, per 100 clients. Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$	NHS ACT teams should consider hiring for additional SAS time for each ACT team. It is worth noting that this position is not required to be filled by a person with a specific substance abuse counseling license in the State. A person with who has training/experience providing co-occurring disorders treatment may fill this position, such as Masters-level staff slated to complete the currently offered BMHS ACT COD Series.
		Berlin 3	The Berlin ACT Substance Abuse Specialist is assigned .4 FTE on the Berlin ACT team, serving 42 ACT clients. $\frac{.4 \times 100}{42} = .95 \text{ FTE per 100 clients}$	Given the size of the Berlin ACT team, the agency should explore ways to increase the SAS time to at least .85 FTE. Please see Recommendation above in NHS section as well.

#	Item	Rating	Rating Rationale	Recommendations
		Conway 3	<p>The Conway ACT Substance Abuse Specialist is assigned .4 FTE on the Conway ACT team, serving 34 ACT clients.</p> $\frac{.4 \times 100}{34} = 1.2 \text{ FTE per 100 clients}$	<p>Given the size of the Conway ACT team, the agency should explore ways to increase the SAS time to at least .7 FTE.</p> <p>Please see Recommendation above in NHS section as well.</p>
		Littleton 3	<p>The Littleton ACT Substance Abuse Specialist is assigned .4 FTE on the Littleton ACT team, serving 35 ACT clients.</p> $\frac{.4 \times 100}{35} = 1.1 \text{ FTE per 100 clients}$	<p>Given the size of the Littleton ACT team, the agency should explore ways to increase the SAS time to at least .7 FTE.</p> <p>Please see Recommendation above in NHS section as well.</p>
H10	Vocational Specialist on Team	NHS 3	<p>On average, the ACT Vocational Specialists are assigned .9 FTE on the ACT teams, per 100 clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ </p>	It is worthwhile for the NHS ACT teams to consider hiring for additional Vocational Specialist time.
		Berlin 2	<p>The Berlin ACT Vocational Specialist is assigned .25 FTE on the Berlin ACT team, serving 42 ACT clients.</p> $\frac{.25 \times 100}{42} = .6 \text{ FTE per 100 clients}$	Given the size of the Berlin ACT team, the agency should explore ways to increase the Vocational Specialist time to at least .85 FTE.
		Conway 2	<p>The Conway ACT Vocational Specialist is assigned .14 FTE on the Conway ACT team, serving 34 ACT clients.</p> $\frac{.14 \times 100}{34} = .41 \text{ FTE per 100 clients}$	Given the size of the Conway ACT team, the agency should explore ways to increase the Vocational Specialist time to at least .7 FTE.

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 4	The Littleton Vocational Specialist is assigned .58 FTE on the Littleton ACT team, serving 35 ACT clients. $\frac{.58 \times 100}{35} = 1.7 \text{ FTE per 100 clients}$	Given the size of the Littleton ACT team, the agency should explore ways to increase the Vocational Specialist time to at least .7 FTE.
H11	Program Size	NHS 2	On average, there are currently 4.4 FTE staff assigned to the NHS ACT teams.	The NHS ACT teams serve the most rural and geographically large area in the NH; therefore, they are configured into 3 smaller teams. Though it is probably unrealistic for the NHS ACT teams to reach 10 FTEs for each site with this arrangement, the NHS ACT teams would benefit from increasing some disciplines FTEs on each team, as it is critical for ACT teams to provide clients complete access to a variety of perspectives with diverse disciplinary backgrounds. Please see Recommendations for each site for Items H7, H8, H9, H10, & S10.
		Berlin 2	There are currently 4.5 FTE staff assigned to the Berlin NHS ACT team.	In order to provide ACT clients complete access to a variety of perspectives with diverse disciplinary backgrounds, the Berlin ACT team might want to consider increasing Psychiatry, Nursing, SAS, Vocational Specialist, and Peer Specialist FTEs on the team (Please Recommendations for Items H7, H8, H9, H10, and S10).
		Conway 2	There are currently 4.1 FTE staff assigned to the Conway NHS ACT team.	In order to provide ACT clients complete access to a variety of perspectives with diverse disciplinary backgrounds, the Conway ACT team might want to consider increasing Psychiatry, Nursing, SAS, Vocational Specialist, and Peer Specialist FTEs on the team (Please Recommendations for Items H7, H8, H9, H10, and S10).

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 2	There are currently 4.7 FTE staff assigned to the Littleton NHS ACT team.	In order to provide ACT clients complete access to a variety of perspectives with diverse disciplinary backgrounds, the Littleton ACT team might want to consider increasing Nursing, SAS, Vocational Specialist, and Peer Specialist FTEs on the team (Please see Recommendations for Items H8, H9, H10, and S10).
O1	Explicit Admission Criteria	NHS 5	<input checked="" type="checkbox"/> NHS ACT teams have and use measureable and operationally defined criteria to screen out inappropriate referrals <input checked="" type="checkbox"/> NHS ACT teams actively recruit a defined population and all cases comply with explicit admission criteria	
		Berlin 5	The Berlin ACT team has an explicit admission criteria.	
		Conway 5	The Conway ACT team has an explicit admission criteria.	
		Littleton 5	The Littleton ACT team has an explicit admission criteria.	
O2	Intake Rate	NHS 5	On average, the highest monthly intake rate in the last 6 months for the NHS ACT teams is 2 clients per month.	
		Berlin 5	The highest monthly intake rate in the last 6 months for the Berlin ACT team is 2 clients per month.	
		Conway 5	The highest monthly intake rate in the last 6 months for the Conway ACT team is 2 clients per month.	

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 5	The highest monthly intake rate in the last 6 months for the Littleton ACT team is 2 clients per month.	
O3	Full Responsibility for Treatment Services	NHS 5	Overall, the NHS ACT teams have full responsibility for treatment services.	
		Berlin 5	<p>The Berlin ACT team provides the following services:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehab counseling / support <input checked="" type="checkbox"/> Psychiatric Services 	
		Conway 4	<p>The Conway ACT team provides the following services:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehab counseling / support <input checked="" type="checkbox"/> Psychiatric Services <p>Some Conway ACT clients have retained non-ACT clinicians since starting on the ACT team.</p>	The Conway ACT team might consider using a step-wise transition for some of the clients who are receiving therapy services from non-ACT staff to ACT clinicians. Some clients have been afforded the opportunity to continue with their existing clinicians (before referral to the ACT team) at their request. For new ACT clients, the ACT team should consider utilizing ACT staff as ACT clients' therapists.
		Littleton 5	<p>The Littleton ACT team provides the following services:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehab counseling / support <input checked="" type="checkbox"/> Psychiatric Services 	

#	Item	Rating	Rating Rationale	Recommendations
O4	Responsibility for Crisis Services	NHS 2	The NHS ACT teams have varying approaches to crisis services for ACT clients. All ACT teams seem to have a positive relationship and have set up different protocols with Emergency Services for after hour crises. Some ACT team members are available to consult with ES or call clients back after-hours, while 1 ACT team has an ACT phone that seems to be used as a "warm line."	<p>The NHS ACT team leaders should consider meeting together to discuss options for implementing a consistent and effective approach for ACT teams to directly handle after-hours crises with ACT clients. An immediate response directly from the ACT team can minimize clients' distress and divert crises. Full crisis responsibility is also important in maintaining continuity of care.</p> <p>It might be beneficial for the agency to see if there are creative ways to assist with the financial and staffing demands that often get in the way of providing 24/7 ACT coverage.</p>
		Berlin 2	During the day, Berlin ACT clients call the CMHC, and the CMHC receptionists forward the calls directly to the ACT team. There does not seem to be a definitive protocol for after-hours ACT crises at this time, as there were varying reports about how crises are handled after-hours. Some reported that Emergency Services primarily addresses crises with a generated protocol for ACT clients. Others reported that Emergency Services takes crises call after hours, with available consult with the team leader or the CSP Director.	<p>The Berlin ACT team might want to consider sharing after-hours coverage with rotating team members of the ACT team. Some ACT teams have been able to provide ACT team members with incentives, such a flexible schedule, for sharing after-hours coverage.</p> <p>Berlin NHS want may also want to consider offering the Berlin ACT team ACT cell phones for clients to have direct access to staff.</p> <p>Please see also Recommendation in the NHS section above.</p>
		Conway 3	During the day, Conway ACT clients can call the CMHC directly to get in touch with an ACT member, or they can call the ACT cell phone, which is primarily carried by the ACT team leader. There does not seem to be a definitive protocol for after-hours ACT crises at this time, as there were varying reports about how crises are handled after-hours. Some reported that Emergency Services primarily addresses crises with a generated protocol for ACT clients. Others reported that Emergency Services takes crises call after hours for with available consult with the team leader via ACT cell phone.	<p>The Conway ACT team might want to consider sharing after-hours coverage with different team members of the ACT team. Some ACT teams have been able to provide ACT team members with incentives, such a flexible schedule, for sharing after-hours coverage.</p> <p>The Conway ACT clients seem reluctant to use the ACT cell phone after hours, often calling Emergency Services for serious crises or support. The Conway ACT team might want to consider utilizing the ACT cell phone for direct crisis coverage 24/7 and educating clients on using this ACT cell phone as their first line of support.</p>

#	Item	Rating	Rating Rationale	Recommendations
			Some reported that Conway ACT clients can use the ACT cell phone as a “warm line” after hours; ACT clients believed they should utilize Emergency Services for more than support or practical needs after hours. The Conway ACT team is reportedly working on defining an after-hours crisis coverage plan.	Please also see Recommendation in the NHS section above.
		Littleton 2	During the day, Littleton ACT clients can call the CMHC directly to get in touch with an ACT member. Some ACT clients have access to direct staff cell phone numbers during the day. There does not seem to be a definitive protocol for after-hours ACT crises at this time, as there were varying reports about how crises are handled after-hours. Some reported that Emergency Services primarily addresses crises with a generated protocol for ACT clients. Others reported that Emergency Services takes crises call after hours, with available consult with the team leader.	<p>The Littleton ACT team might want to consider sharing after-hours coverage with different team members of the ACT team. Some ACT teams have been able to provide ACT team members with incentives, such a flexible schedule, for sharing after-hours coverage.</p> <p>Littleton NHS want may want to consider offering the Littleton ACT team ACT cell phones for clients to have direct access to staff.</p> <p>Please also see Recommendation in the NHS section above.</p>
O5	Responsibility for Hospital Admissions	NHS 5	The NHS ACT teams are generally involved in ACT client hospital admissions.	
		Berlin 5	The Berlin ACT team is involved in 95% or more of hospital admissions, according to chart reviews and staff reports.	
		Conway 5	The Conway ACT team is involved in 95% or more of hospital admissions, according to chart reviews and staff reports.	
		Littleton 4	The Littleton ACT team is involved in 65% or more of hospital admissions, according to chart reviews and staff reports. Some hospital admissions are handled primarily by Emergency Services.	The Littleton ACT team might want to consider becoming consistently involved with all ACT client hospital admissions.

#	Item	Rating	Rating Rationale	Recommendations
O6	Responsibility for Hospital Discharge Planning	NHS 5	According to chart reviews and staff reports, the NHS ACT teams are involved in 95% or more of hospital discharges.	
		Berlin 5	<input checked="" type="checkbox"/> The Berlin NHS ACT team is involved in 95% or more of hospital discharges	
		Conway 5	<input checked="" type="checkbox"/> The Conway NHS ACT team is involved in 95% or more of hospital discharges	
		Littleton 5	<input checked="" type="checkbox"/> The Littleton NHS ACT team is involved in 95% or more of hospital discharges	
O7	Time-unlimited Services	NHS 4	According to ACT staff reports and data reviewed, approximately 5% of NHS ACT clients are expected to graduate annually.	Overall, the NHS ACT teams seem to provide services on a time-unlimited basis, though the NHS ACT teams might want to consider tracking appropriateness of referrals into the ACT teams more carefully.
		Berlin 5	4.8% of Berlin NHS ACT clients are expected to graduate annually.	
		Conway 4	5% of Conway NHS ACT clients are expected to graduate annually.	
		Littleton 4	5% of Littleton NHS ACT clients are expected to graduate annually.	
S1	Community-based Services	NHS 5	According to the data reviewed, the NHS ACT teams provide face-to-face community-based services an average of 84% of the time	
		Berlin 5	According to the data reviewed, the Berlin ACT team provides face-to-face community-based services 90% of the time	

#	Item	Rating	Rating Rationale	Recommendations
		Conway 5	According to the data reviewed, the Conway ACT team provides face-to-face community-based services 85% of the time	
		Littleton 4	According to the data reviewed, the Littleton ACT team provides face-to-face community-based services 74% of the time	It might be worthwhile for the Littleton ACT team leader to run occasional reports that provide feedback to team members on the percentage of time services are provided in the community.
S2	No Drop-out Policy	NHS 5	95% or more of the NHS ACT teams' caseloads were retained over a 12-month period. Item formula: $\frac{\# \text{ of clients discharged, dropped, moved w/out referral}}{\text{Total number of clients}} = \text{Drop-out rate}$	
		Berlin 5	Over the last 12 months, 95% or more of the Berlin NHS ACT team's caseload was retained. $\frac{0}{42} = 0$	
		Conway 5	Over the last 12 months, 95% or more of the Conway NHS ACT team's caseload was retained. $\frac{0}{34} = 0$	
		Littleton 5	Over the last 12 months, 95% or more of the Littleton NHS ACT team's caseload was retained. $\frac{1}{35} = .03$	

#	Item	Rating	Rating Rationale	Recommendations
S3	Assertive Engagement Mechanisms	NHS 5	The NHS ACT teams demonstrate consistently well thought out strategies and use street outreach and legal mechanisms whenever appropriate for assertive engagement.	
		Berlin 5	It is clear the Berlin NHS ACT team uses assertive and creative engagement and outreach mechanisms with their ACT clients in a team-based approach.	
		Conway 5	It is clear the Conway NHS ACT team uses assertive and creative engagement and outreach mechanisms with their ACT clients in a team-based approach.	
		Littleton 5	It is clear the Littleton NHS ACT team uses assertive and creative engagement and outreach mechanisms with their ACT clients in a team-based approach.	
S4	Intensity of Services	NHS 4	According to the data reviewed, the NHS ACT teams average 97 minutes of face-to-face contacts per week.	<p>It would be helpful for the NHS ACT team leaders to provide feedback to ACT team members on the amount of service hours per week provided to specific ACT clients. The goal of ACT is not to randomly increase service hours per week, but instead to provide comprehensive services. Some ACT staff might be providing a high amount of service hours per week to clients while other clients might be receiving very limited services.</p> <p>The NHS ACT team leaders should consider meeting with the Berlin ACT team to gather information about strategies used to maintain the high amount of face-to-face service time provided to the Berlin ACT clients.</p>
		Berlin 5	According to the data reviewed, the Berlin ACT team averages 203 minutes of face-to-face contacts per week.	The Berlin ACT team would be a great resource for the other 2 NHS ACT teams to assist in improving Intensity of Services.

#	Item	Rating	Rating Rationale	Recommendations
		Conway 3	According to the data reviewed, the Conway ACT team averages 63 minutes of face-to-face contacts per week.	The Conway ACT team leader might want to look at how some ACT clients receiving therapy services from non-ACT clinicians could affect Intensity of Services. Please also see Recommendation above in NHS section.
		Littleton 4	According to the data reviewed, the Littleton ACT team averages 106 minutes of face-to-face contacts per week.	Please see Recommendation above in NHS section.
S5	Frequency of Contact	NHS 3	According to a month-long period reviewed, the NHS ACT teams average 2.2 face-to-face contacts per week.	The ACT team leaders should consider providing specific feedback to ACT team members on the frequency of service contacts provided on a weekly basis to ACT clients.
		Berlin 4	According to a month-long period reviewed, the Berlin ACT team averages 3.8 face-to-face contacts per week.	Please see Recommendation above in NHS section.
		Conway 2	According to a month-long period reviewed, the Conway ACT team averages 1 face-to-face contacts per week.	The Conway ACT team leader might want to look at how some ACT clients receiving therapy services from non-ACT clinicians could impact Frequency of Contact. Please also see Recommendation above in NHS section.
		Littleton 3	According to a month-long period reviewed, the ACT team averages 2.1 face-to-face contacts per week.	Please see Recommendation above in NHS section.
S6	Work with Support System	NHS 3	The NHS ACT teams averages 1.6 contacts per month with the clients' informal support systems in the community, according to the data reviewed. Item formula: <u>Contact# / month X clients w/networks</u> Total # of clients on team = Average contacts/month	Identifying and maintaining supports with clients enhances clients' integration and functioning in the community. It is useful to train ACT staff on multiple ways to ask about who is in a person's support system and to also train ACT staff to ask multiple times about contacting a person's support system across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.

#	Item	Rating	Rating Rationale	Recommendations
		Berlin 3	For 42 clients, the Berlin ACT team averages 1.9 contacts per month with the clients' informal support systems in the community, according to the data reviewed. $\frac{2.18 \times 36}{42} = 1.9$	Please see Recommendation above in NHS section.
		Conway 3	For 34 clients, the Conway ACT team averages 1.6 contacts per month with the clients' informal support systems in the community, according to the data reviewed. $\frac{1.9 \times 29}{34} = 1.6$	Please see Recommendation above in NHS section.
		Littleton 3	For 35 clients, the Littleton ACT team averages 1.4 contacts per month with the clients' informal support systems in the community, according to the data reviewed. $\frac{4 \times 12}{35} = 1.4$	The Littleton ACT team only had 12 clients listed with Informal Supports; the Littleton ACT team leader might want to review all clients with the ACT team to review effective strategies to identify additional clients with supports. Please also see Recommendation above in NHS section.
S7	Individualized Substance Abuse Treatment	NHS 2	The NHS ACT teams varied in their capacity to provide individual substance abuse services. Item formula: $\frac{\text{Sum of session mins} / \text{\# of SAS clients reviewed}}{4.3 \text{ weeks}} = \text{average mins} / \text{week}$	Having full time ACT SAS positions on each NHS ACT team would be one critical step to meeting the needs of ACT clients with co-occurring disorders, including delivery of individualized substance abuse treatment.

#	Item	Rating	Rating Rationale	Recommendations
		Berlin 5	<p>According to the data reviewed, the Berlin ACT clients with co-occurring disorders average 26.2 minutes per week or more in formal substance abuse counseling.</p> $\frac{225}{4.3} = 26.2$ <p>The Berlin SAS is commended for his ability to provide formal substance abuse in the community setting.</p>	The Berlin ACT SAS is providing individualized substance abuse counseling; however, it would be worthwhile to consider increasing the SAS position to full time in order for the SAS to meet other COD needs on the ACT team, such as providing services to additional clients with COD and having the capacity to run COD groups (See Recommendation in Item S8).
		Conway 1	<p>According to the data reviewed, the Conway ACT clients with co-occurring disorders were not receiving monthly formal substance abuse counseling.</p> $\frac{0}{4.3} = 0$ <p>Of the clients reviewed who had a substance use disorders, one had not received substance abuse services in 2 months, and the other appeared to not be receiving substance abuse services.</p>	The Conway ACT team might consider utilizing the ACT SAS primarily for the ACT team full time in order to fulfill the full duties of an ACT SAS. Given her limited time on the ACT team and her other non-ACT responsibilities in the office setting, it is difficult for the Conway ACT SAS to fulfill the complete duties of an ACT SAS, including providing individualized substance abuse treatment. Other important SAS duties that contribute to continuity of care and assist in engaging ACT clients in individualized substance abuse services include: Getting to know most clients on the ACT team with COD, serving as the Dual Diagnosis philosophy educator / consultant on the ACT team, attending at least 4 daily team meetings, and running COD groups for ACT clients.
		Littleton 1	<p>According to the data reviewed, the Littleton ACT clients with co-occurring disorders were not receiving monthly formal substance abuse counseling.</p> $\frac{0}{4.3} = 0$ <p>Of the clients reviewed who had a substance use disorders, neither appeared to be receiving substance abuse counseling.</p>	It may be worthwhile for Littleton NHS to consider utilizing the ACT SAS primarily for the ACT team full time in order to fulfill the full duties of an ACT SAS. Given her limited time on the ACT team and her other non-ACT responsibilities in the office setting, it is difficult for the Littleton ACT SAS to fulfill the complete duties of an ACT SAS, including providing individualized substance abuse treatment.

#	Item	Rating	Rating Rationale	Recommendations
				Other important SAS duties that contribute to continuity of care and assist in engaging ACT clients in individualized substance abuse services include: Getting to know most clients on the ACT team with COD, serving as the Dual Diagnosis philosophy educator / consultant on the ACT team, attending all team meetings, and running COD groups for ACT clients.
S8	Co-occurring Disorder Treatment Groups	NHS 2	The NHS ACT teams varied in their capacity to provide co-occurring disorder treatment groups.	<p>Research continues to demonstrate that structured co-occurring disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. Having a full time ACT SAS position on each NHS ACT team would be one critical step to meeting the needs of ACT clients with co-occurring disorders, including offered co-occurring groups.</p> <p>Given the limited time on the NHS ACT teams and other non-ACT responsibilities in the office setting, it is difficult for the NHS SASs to fulfill the complete duties of an ACT SAS. Other important SAS duties that contribute to continuity of care and assist in engaging ACT clients in co-occurring groups include: Getting to know most clients on the ACT team with COD, providing individualized substance abuse services to more clients, serving as the Dual Diagnosis philosophy educator / consultant on the ACT team, and attending all team meetings.</p>
		Berlin 3	According to the data reviewed, 21% of the Berlin ACT clients who have a co-occurring disorder attended co-occurring disorder treatment group on at least a monthly basis.	Please see Recommendation above in NHS section.
		Conway 1	Although there is a co-occurring group, IDDT Recovery Life Skills Program, offered to both ACT and non-ACT clients, Conway ACT clients do not attend this group.	Please see Recommendation above in NHS section.

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 1	There are no co-occurring groups offered for ACT clients.	Please see Recommendation above in NHS section.
S9	Co-occurring Disorders (Dual Disorders) Model	NHS 3	The NHS ACT team varies in the approaches they use to treat individuals with co-occurring disorders.	
		Berlin 5	The Berlin ACT Team appears to be fully based in Dual Disorder treatment principles, and the treatment is provided by ACT staff members. The ACT Substance Abuse Specialist seems to be a leader in educating and assisting ACT staff members about Dual Disorder philosophies and interventions.	
		Conway 3	The Conway ACT Team appears to use a mixed and varied approach to working with clients who have a co-occurring disorder. Though the SAS seemed to have a great deal of knowledge regarding the Dual Disorder Model, ACT staff as a whole only seem to have partial knowledge about Dual Disorder Model philosophies and stage-wise interventions. There appeared to be no consistent strategies for working with clients with co-occurring disorder in different stages of change.	<p>Having a full time ACT SAS position on the Conway ACT team would be one critical step to meeting the needs of Conway ACT clients with co-occurring disorders. Given the limited time on the Conway ACT team and other non-ACT responsibilities in the office setting, it is difficult for the Conway SAS to fulfill the complete duties of an ACT SAS, including leading as the Dual Diagnosis educator and consultant on the ACT team.</p> <p>The Conway ACT SAS and the team leader should take a leadership role in assuring the ACT team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches. This might include the use of offered BMHS trainings or agency-based trainings for all staff on the ACT team.</p>

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 2	The Littleton ACT Team appears to use a mixed and varied approach to working with clients who have a co-occurring disorder. The Littleton SAS seems to have partial knowledge of the Dual Disorder Model. The Littleton ACT team as a whole seems to have limited knowledge about Dual Disorder Model philosophies and stage-wise interventions. They did not appear to have differing approaches for working with clients in different stages of change. The ACT team recurrently talked about their difficulty engaging clients who are likely in the pre-contemplation stage of change, and they were unfamiliar with stage-wise approaches.	<p>Having a full time ACT SAS position on the Littleton ACT team would be one critical step to meeting the needs of Littleton ACT clients with co-occurring disorders. Given the limited time on the Littleton ACT team and other non-ACT responsibilities in the office setting, it is difficult for the Littleton SAS to fulfill the complete duties of an ACT SAS, including leading as the Dual Diagnosis educator and consultant on the ACT team.</p> <p>The Littleton ACT SAS and the team leader should take a leadership role in assuring the ACT team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches. This might include the use of offered BMHS trainings or agency-based trainings for all staff on the ACT team.</p>
S10	Role of Peer Specialist on Team	NHS 3	The NHS ACT teams all have Peer Support Specialists with very limited part-time positions.	Research demonstrates that including peers as team members improves practice culture, making it more attuned to clients' perspectives. Having a full time ACT Peer Specialist on each NHS ACT team would be a critical step to meeting the complete duties of an ACT Peer Specialist. Given the limited time the Peer Specialists have on the NHS ACT teams, they appeared to be perceived and utilized as marginal team members, while not having the capacity to work with more ACT clients that may benefit from these services.
		Berlin 3	The Berlin NHS Peer Support Specialist works about 5 hours per week and meets with clients in the communities, at their homes, and at the peer support center. The Berlin PSS appears to function as a marginal team member, likely due to the PSS's limited time with the ACT team.	Please see Recommendation above in NHS section.

#	Item	Rating	Rating Rationale	Recommendations
		Conway 3	The Conway NHS Peer Support Specialist works about 5 hours per week and meet with clients in the community and at the peer support center. The Conway PSS appears to function as a marginal team member, likely due to the PSS's limited time with the ACT team.	Please see Recommendation above in NHS section.
		Littleton 3	The Littleton NHS Peer Support Specialist works about 5 hours per week in the community and at their homes. The Littleton PSS appears to function as a marginal team member, likely due to the PSS's limited time with the ACT team.	Please see Recommendation above in NHS section.

ACT Score Sheet				
Fidelity Items	BERLIN	CONWAY	LITTLETON	AGENCY
H1 Small Caseload	5	5	5	5
H2 Team Approach	5	4	5	5
H3 Program Meeting	5	4	5	5
H4 Practicing ACT Leader	5	3	4	4
H5 Continuity of Staffing	3	4	5	4
H6 Staff Capacity	5	5	4	5
H7 Psychiatrist on Team	2	3	5	3
H8 Nurse on Team	3	3	3	3
H9 SAS on Team	3	3	3	3
H10 Vocational Specialist on Team	2	2	4	3
H11 Program Size	2	2	2	2
O1 Explicit Admission Criteria	5	5	5	5
O2 Intake Rate	5	5	5	5
O3 Full Responsibility for Services	5	4	5	5
O4 Responsibility for Crisis services	2	3	2	2
O5 Responsibility for Hospital Admissions	5	5	4	5
O6 Responsibility for Hospital DC Planning	5	5	5	5
O7 Time-unlimited Graduation Rate	5	4	4	4
S1 Community-based Services	5	5	4	5
S2 No Dropout Policy	5	5	5	5
S3 Assertive Engagement Mechanisms	5	5	5	5
S4 Intensity of Service	5	3	4	4
S5 Frequency of Contact	4	2	3	3
S6 Work w/Informal Support System	3	3	3	3
S7 Individualized Substance Abuse Tx	5	1	1	2
S8 Co-occurring Do Treatment Groups	3	1	1	2
S9 Dual Disorders Model	5	3	2	3
S10 Role of Consumers on Team	3	3	3	3
Total	115	100	106	108

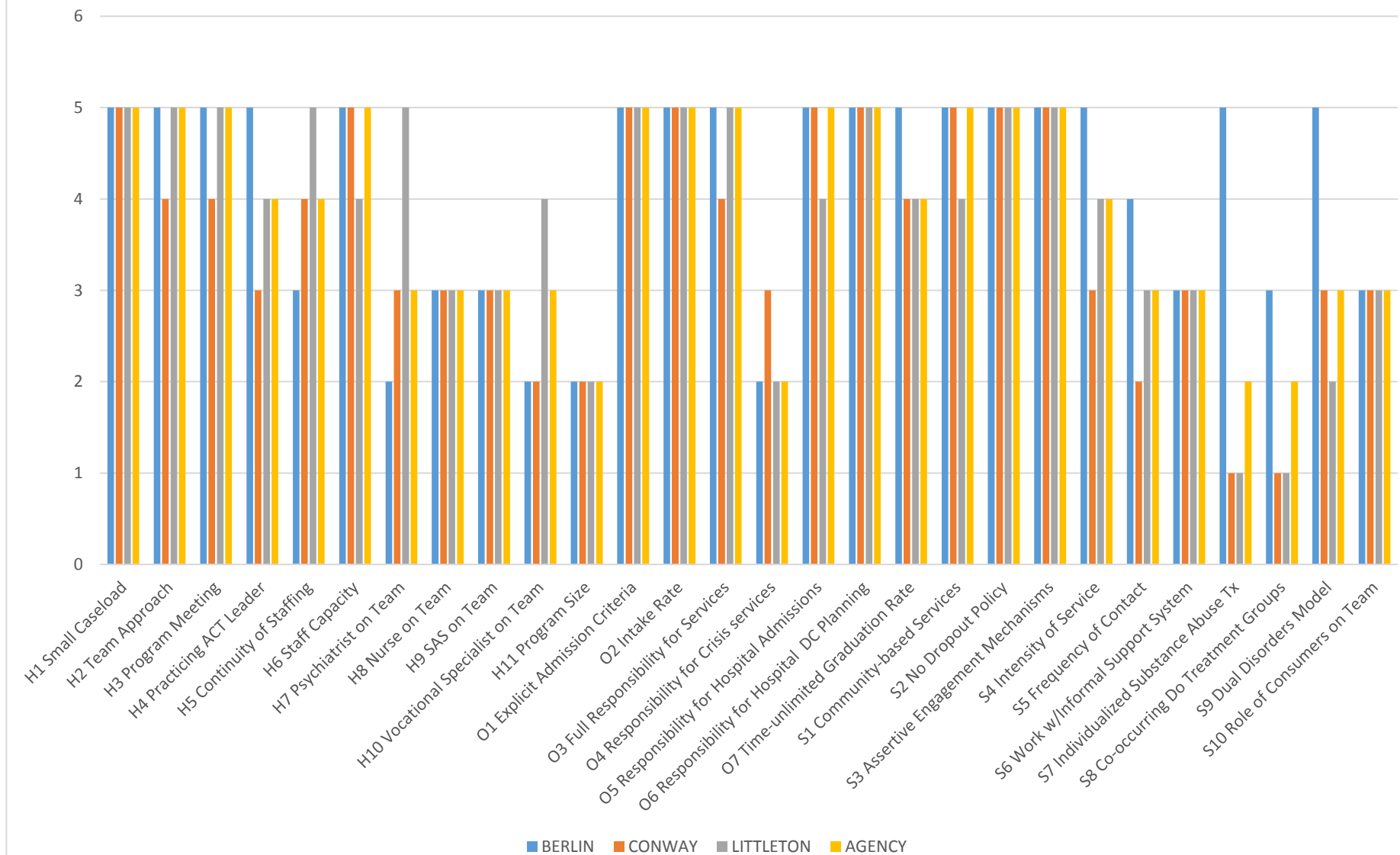
2017 NHS Agency Total

113 - 140 = Full Implementation

85 - 112 = Fair Implementation

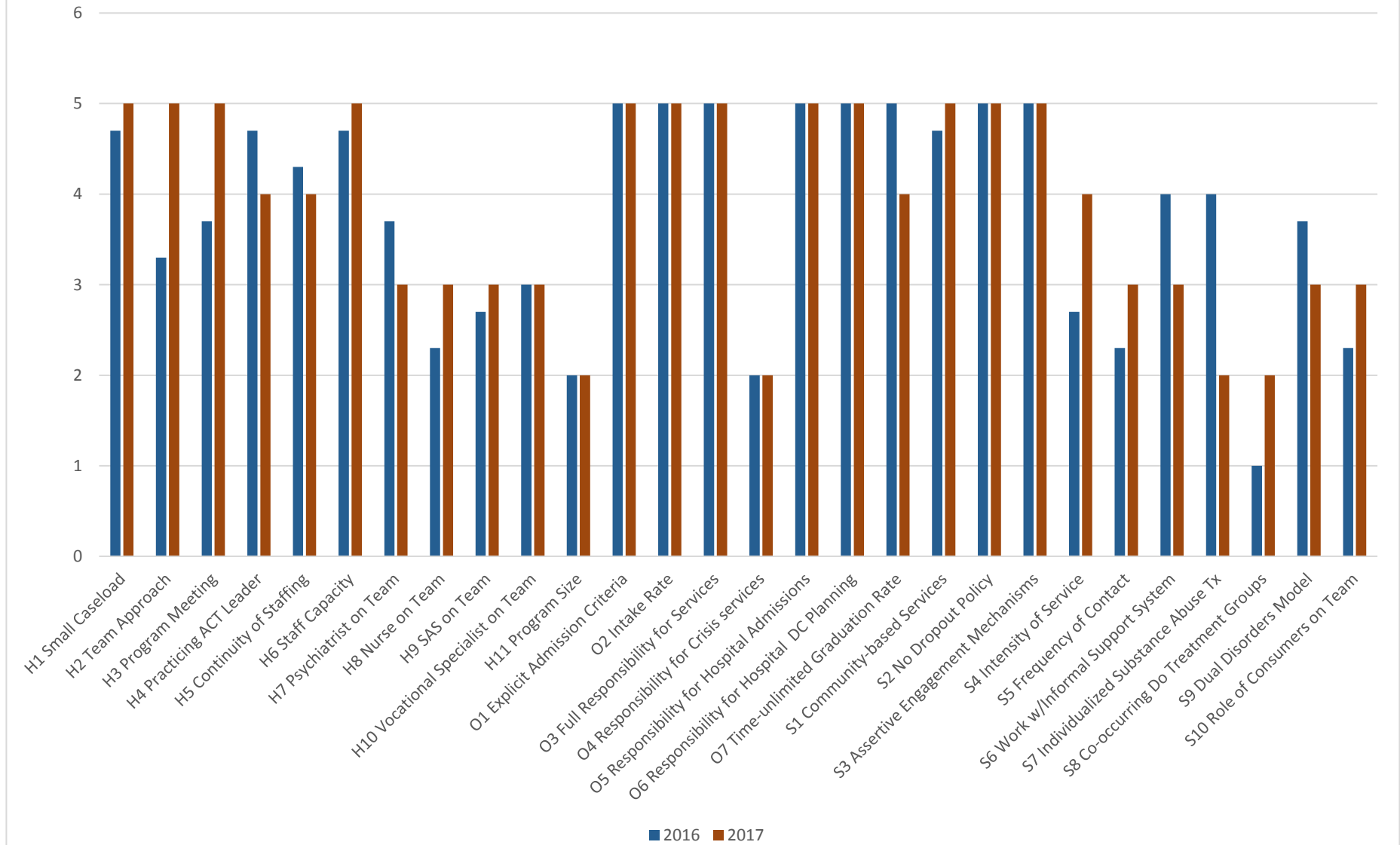
84 and below = Not ACT

Site and Agency Fidelity Items



AGENCY 2016 & 2017 Comparison	2016	2017
H1 Small Caseload	4.7	5
H2 Team Approach	3.3	5
H3 Program Meeting	3.7	5
H4 Practicing ACT Leader	4.7	4
H5 Continuity of Staffing	4.3	4
H6 Staff Capacity	4.7	5
H7 Psychiatrist on Team	3.7	3
H8 Nurse on Team	2.3	3
H9 SAS on Team	2.7	3
H10 Vocational Specialist on Team	3	3
H11 Program Size	2	2
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis services	2	2
O5 Responsibility for Hospital Admissions	5	5
O6 Responsibility for Hospital DC Planning	5	5
O7 Time-unlimited Graduation Rate	5	4
S1 Community-based Services	4.7	5
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	2.7	4
S5 Frequency of Contact	2.3	3
S6 Work w/Informal Support System	4	3
S7 Individualized Substance Abuse Tx	4	2
S8 Co-occurring Do Treatment Groups	1	2
S9 Dual Disorders Model	3.7	3
S10 Role of Consumers on Team	2.3	3
Total	105.8	108

NHS Agency 2016 & 2017 Comparison



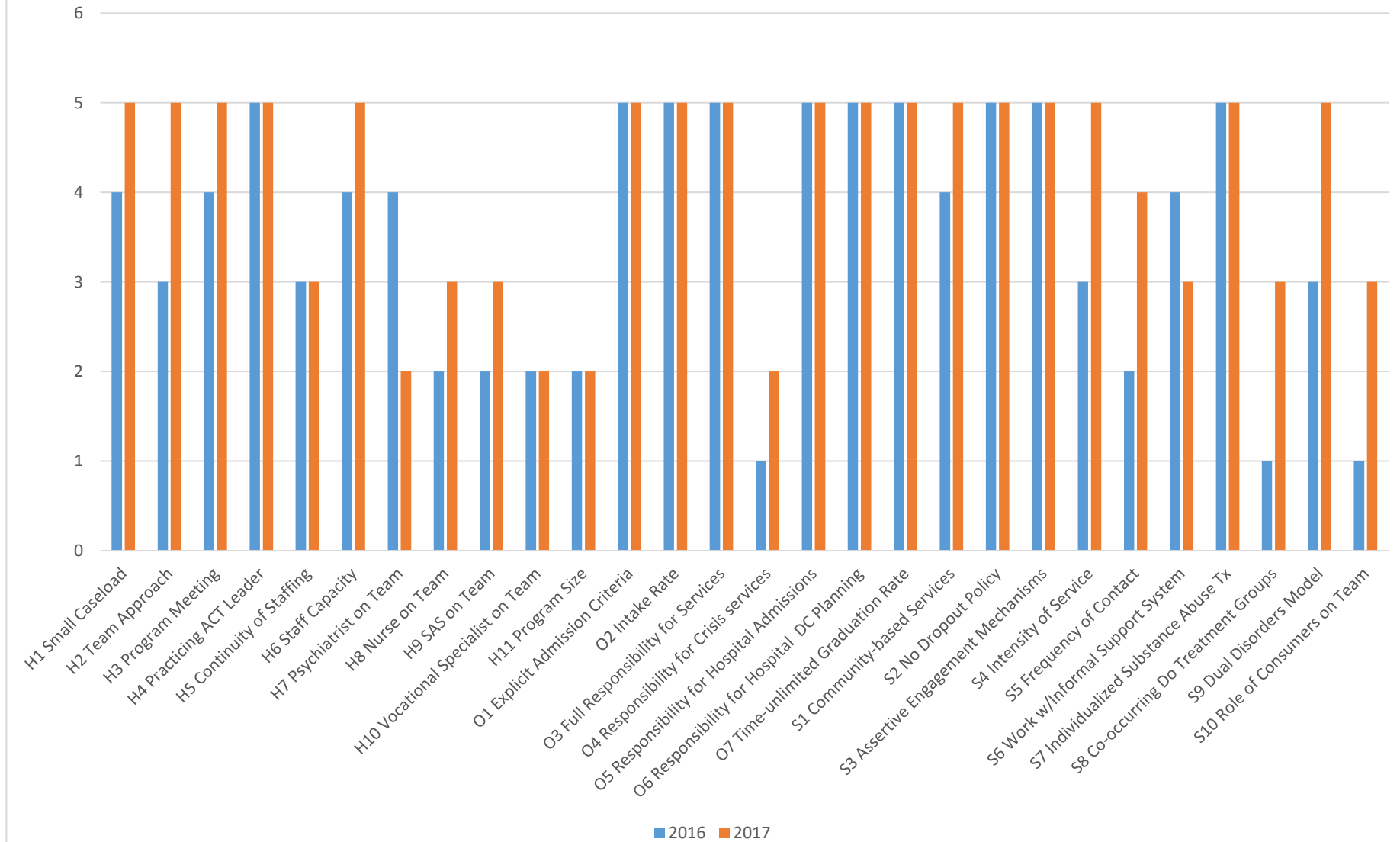
BERLIN 2017 Fidelity Items	Rating
H1 Small Caseload	5
H2 Team Approach	5
H3 Program Meeting	5
H4 Practicing ACT Leader	5
H5 Continuity of Staffing	3
H6 Staff Capacity	5
H7 Psychiatrist on Team	2
H8 Nurse on Team	3
H9 SAS on Team	3
H10 Vocational Specialist on Team	2
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	2
O5 Responsibility for Hospital Admissions	5
O6 Responsibility for Hospital DC Planning	5
O7 Time-unlimited Graduation Rate	5
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	5
S5 Frequency of Contact	4
S6 Work w/Informal Support System	3
S7 Individualized Substance Abuse Tx	5
S8 Co-occurring Do Treatment Groups	3
S9 Dual Disorders Model	5
S10 Role of Consumers on Team	3
Total	115

2017 BERLIN Total

113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

BERLIN 2016 & 2017 Comparison	2016	2017
H1 Small Caseload	4	5
H2 Team Approach	3	5
H3 Program Meeting	4	5
H4 Practicing ACT Leader	5	5
H5 Continuity of Staffing	3	3
H6 Staff Capacity	4	5
H7 Psychiatrist on Team	4	2
H8 Nurse on Team	2	3
H9 SAS on Team	2	3
H10 Vocational Specialist on Team	2	2
H11 Program Size	2	2
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis services	1	2
O5 Responsibility for Hospital Admissions	5	5
O6 Responsibility for Hospital DC Planning	5	5
O7 Time-unlimited Graduation Rate	5	5
S1 Community-based Services	4	5
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	3	5
S5 Frequency of Contact	2	4
S6 Work w/Informal Support System	4	3
S7 Individualized Substance Abuse Tx	5	5
S8 Co-occurring Do Treatment Groups	1	3
S9 Dual Disorders Model	3	5
S10 Role of Consumers on Team	1	3
Total	99	115

BERLIN 2016 & 2017 Comparison



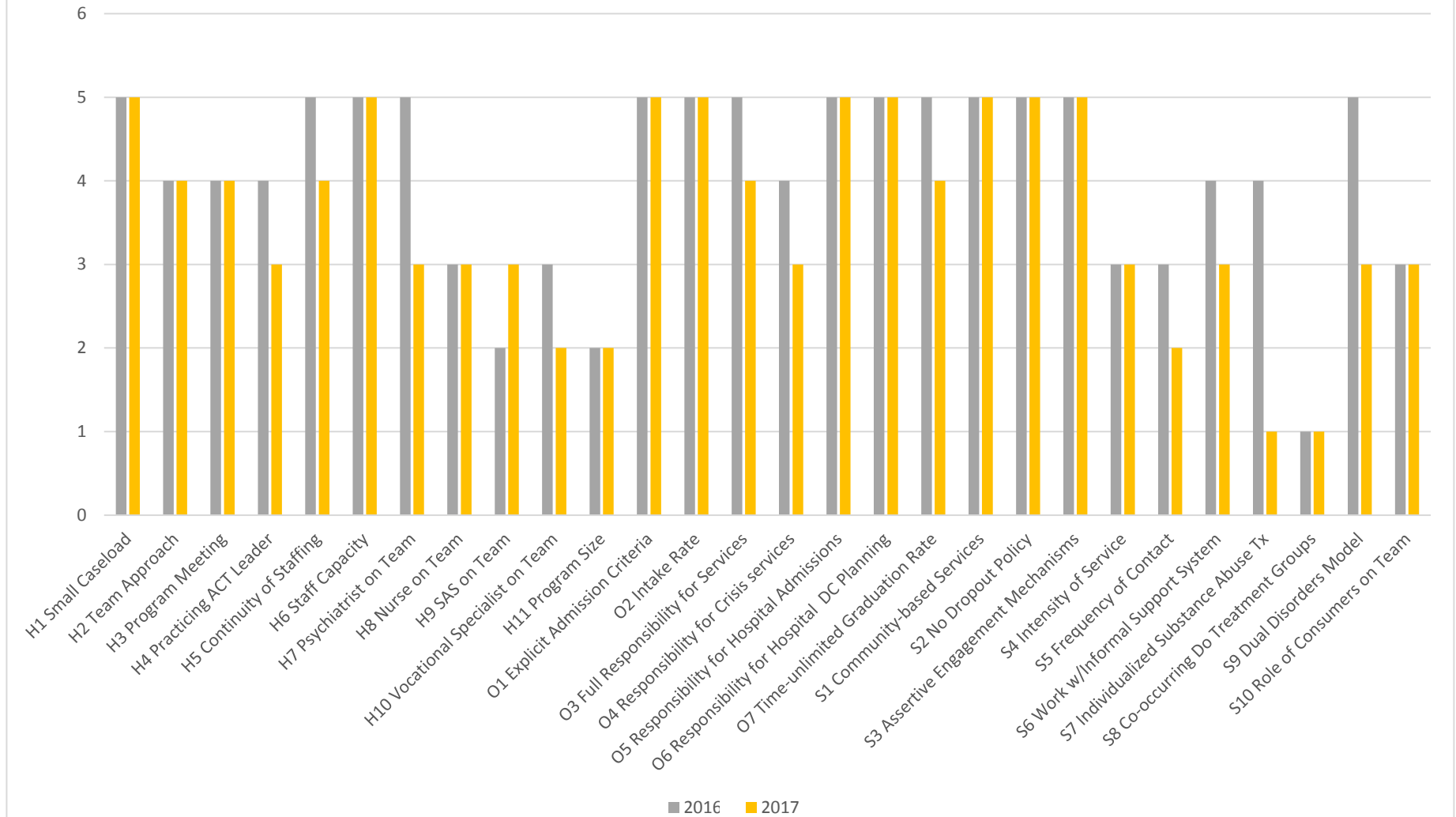
CONWAY 2017 Fidelity Items	Rating
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	4
H4 Practicing ACT Leader	3
H5 Continuity of Staffing	4
H6 Staff Capacity	5
H7 Psychiatrist on Team	3
H8 Nurse on Team	3
H9 SAS on Team	3
H10 Vocational Specialist on Team	2
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	4
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	5
O6 Responsibility for Hospital DC Planning	5
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	3
S5 Frequency of Contact	2
S6 Work w/Informal Support System	3
S7 Individualized Substance Abuse Tx	1
S8 Co-occurring Do Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	3
Total	100

2017 CONWAY Total

113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

CONWAY 2016 & 2017 Comparison	2016	2017
H1 Small Caseload	5	5
H2 Team Approach	4	4
H3 Program Meeting	4	4
H4 Practicing ACT Leader	4	3
H5 Continuity of Staffing	5	4
H6 Staff Capacity	5	5
H7 Psychiatrist on Team	5	3
H8 Nurse on Team	3	3
H9 SAS on Team	2	3
H10 Vocational Specialist on Team	3	2
H11 Program Size	2	2
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	4
O4 Responsibility for Crisis services	4	3
O5 Responsibility for Hospital Admissions	5	5
O6 Responsibility for Hospital DC Planning	5	5
O7 Time-unlimited Graduation Rate	5	4
S1 Community-based Services	5	5
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	3	3
S5 Frequency of Contact	3	2
S6 Work w/Informal Support System	4	3
S7 Individualized Substance Abuse Tx	4	1
S8 Co-occurring Do Treatment Groups	1	1
S9 Dual Disorders Model	5	3
S10 Role of Consumers on Team	3	3
Total	114	100

CONWAY 2016 & 2017 Item Comparison



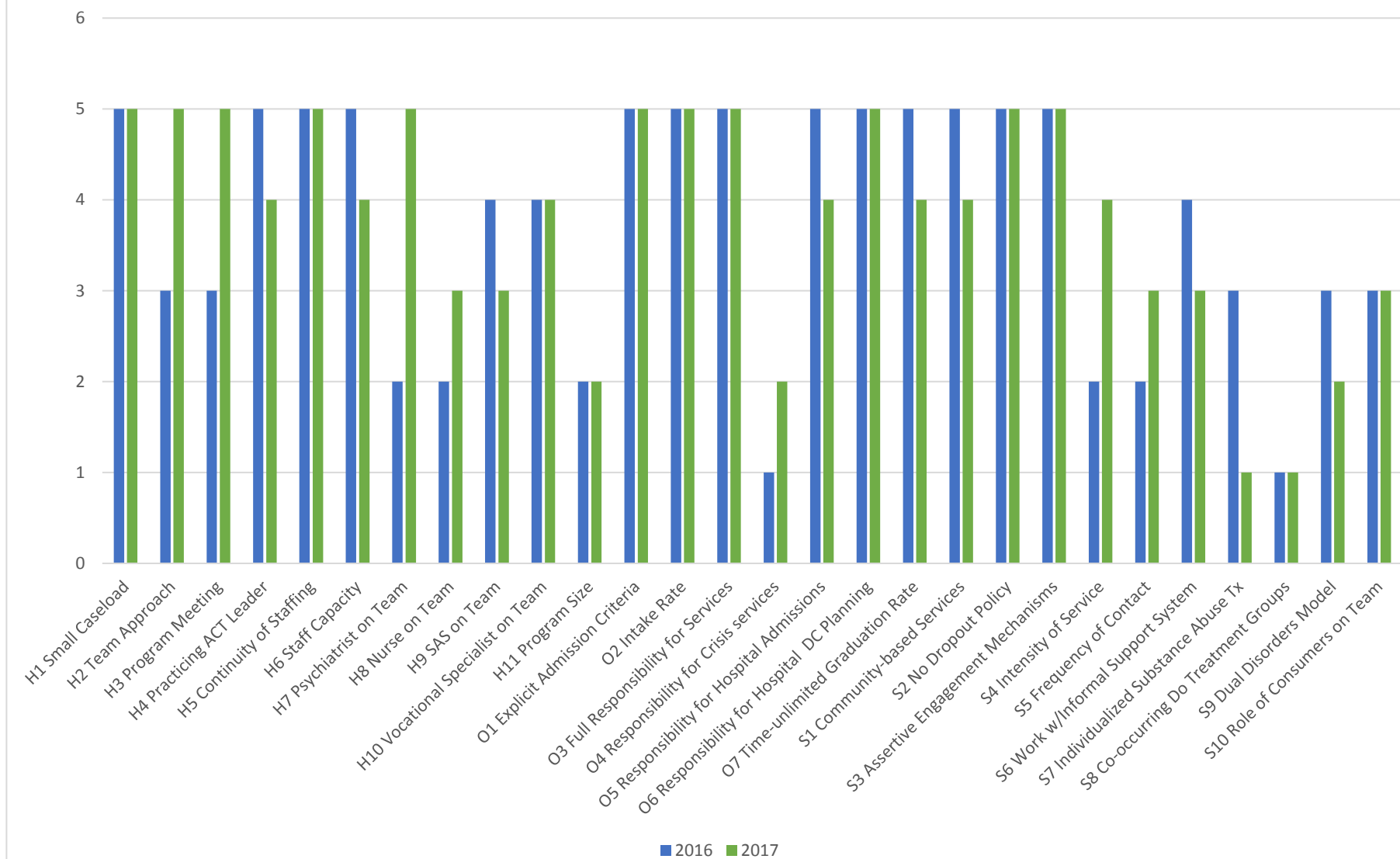
LITTLETON 2017 Fidelity Items	Rating
H1 Small Caseload	5
H2 Team Approach	5
H3 Program Meeting	5
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	5
H6 Staff Capacity	4
H7 Psychiatrist on Team	5
H8 Nurse on Team	3
H9 SAS on Team	3
H10 Vocational Specialist on Team	4
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	2
O5 Responsibility for Hospital Admissions	4
O6 Responsibility for Hospital DC Planning	5
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	4
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	4
S5 Frequency of Contact	3
S6 Work w/Informal Support System	3
S7 Individualized Substance Abuse Tx	1
S8 Co-occurring Do Treatment Groups	1
S9 Dual Disorders Model	2
S10 Role of Consumers on Team	3
Total	106

2017 LITTLETON Total

113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

LITTLETON 2016 & 2017 Comparison	2016	2017
H1 Small Caseload	5	5
H2 Team Approach	3	5
H3 Program Meeting	3	5
H4 Practicing ACT Leader	5	4
H5 Continuity of Staffing	5	5
H6 Staff Capacity	5	4
H7 Psychiatrist on Team	2	5
H8 Nurse on Team	2	3
H9 SAS on Team	4	3
H10 Vocational Specialist on Team	4	4
H11 Program Size	2	2
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis services	1	2
O5 Responsibility for Hospital Admissions	5	4
O6 Responsibility for Hospital DC Planning	5	5
O7 Time-unlimited Graduation Rate	5	4
S1 Community-based Services	5	4
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	2	4
S5 Frequency of Contact	2	3
S6 Work w/Informal Support System	4	3
S7 Individualized Substance Abuse Tx	3	1
S8 Co-occurring Do Treatment Groups	1	1
S9 Dual Disorders Model	3	2
S10 Role of Consumers on Team	3	3
Total	104	106

LITTLETON 2016 & 2017 Comparison



ACT Fidelity Quality Improvement Plan Template
Northern Human Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H5 Continuity of Staffing

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 9/15/18 (date) Please note that due to the 2 year period used to rate this domain and the significant transition that took place prior to the recent review that the score will likely not improve until 2019.

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Create and send out an ACT staffing poll to be issued to each site that assesses team culture and which determines the top 3 -5 things staff enjoy/value about their job and what their top 3 frustrations are.	Identify those elements that are most likely to promote staff retention and identify/ problem solve around areas that may contribute to staff attrition.	1/1/18	2/15/18	Leann Despins
Present survey results to ACT Team Leaders and Management team	Initiate dialogue about strategies to improve retention of ACT program staff.	3/1/18	4/15/18	Leann Despins
ACT Team leader/Management to discuss strategies for improving ACT staff retention	Identify 1-2 strategies that can be implemented to improve ACT staff retention	4/15/18	7/31/18	Amy Meunier

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H7 Psychiatrist on Team

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Hiring search for a psychiatrist/APRN to cover the Berlin office area.	A psychiatrist/APRN based in the Berlin area that can dedicate .45 FTE to the ACT team	9/11/18	Completion date dependent on finding a viable candidate	Melissa Myers, MD

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H8 Nurse on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Present suggested RN ACT FTE to EBP steering committee and Management counsel to initiate discussions regarding possibility of reallocating resources for additional ACT RN time.	Increase ACT RN availability/FTE	11/28/17	1/31/18	Leann Despins
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT RN support	12/15/17	Ongoing	Amy Meunier/ Leann Despins

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H9 SAS on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
The ACT Team Leader and RN in Berlin have been attending the Co-Occurring Addiction Trainings and thus will be qualified as an SUD specialists	Increased Cross training and FTE allotment in Berlin	In Progress	12/17/17	Amy Meunier/ Krystal Judson
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT SAS support	12/15/17	Ongoing	Amy Meunier/ Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H10 Vocational Specialist on Team

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
ACT Team Leader to discuss feasibility of increasing ACT FTE for Berlin's current SEP specialist with Berlin CSP Director.	Increase ACT SEP FTE to match recommendations from ACT Fidelity Review.	11/1/17	12/31/17	Amy Meunier
ACT Team Leader and CSP Director to approach management about either designating more of the current SEP providers FTE to ACT or advocating for additional SEP staffing to support ACT program.	Increase ACT SEP FTE to match recommendations from ACT Fidelity Review.	1/1/18	3/1/18	Amy Meunier/ Richard Laflamme
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT SEP supports	12/15/17	Ongoing	Amy Meunier/ Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H11 Program Size

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 2/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Present FTE recommendations for RN, FTE, MD, SAS and peer specialist roles made in the Sept 2017 ACT Fidelity Review to Management	Increase ACT FTE to 5 or greater	11/30/17	1/31/18	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: O4 Responsibility for Crisis services

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☒ Practice change ☒ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
ACT Team Leaders and QI Director will meet to draft written parameters and protocols for when ES manages and afterhours ES call for ACT client and when it gets transferred to ACT.	Established protocols for handling ACT Crisis.	12/15/17	2/28/18	Leann Despins, Leonard Jewell, Joann Sesholtz, Amy Meunier
Present ACT/ES Crisis Protocol to Management	Management approval for modification of ES/ACT emergency protocols.	3/16/18	4/30/18	Leann Despins
Implement suggestions/ address concerns management has regarding proposed protocols	Management approval for modification of ES/ACT emergency protocols.	3/16/18	4/30/18	Leann Despins
Roll out training to ES team.	Consistent protocols for handling ACT client crisis across agency sites	4/30/18	6/15/18	Leonard Jewell, Joann Sesholtz, Amy Meunier

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S6 Work w/Informal Support System

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 6/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Provide education to ACT team leader and ACT staff regarding what qualifies as a client's "informal support".	Improved understanding of what individual's in a consumers life might qualify as an informal support.	2/1/18	5/1/18	Leann Despins
Work with ACT team Leaders and ACT staff to improve documentation of contact with Natural Support networks	More consistent documentation of contact with the consumer's informal support system	2/1/18	5/1/18	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S8 Co-occurring Do Treatment Groups

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Increase collaboration between ACT staff and non-ACT staff in order to identify clients who could participate in a DD group.	Identify enough clients to form a group for Co-occurring disorders.	1/1/18	3/1/18	Amy Meunier/ Bob Nylin
Look into ways to create a Dual Diagnosis groups with a mixture of ACT clients and non- ACT clients in order to get enough people to form a group.	Group Sustainability	3/1/18	7/1/18	Amy Meunier/ Bob Nylin
ACT Team Leader and RN will attend the ACT Co-occurring disorder training on SUD groups.	Develop strategies and techniques necessary for developing and sustaining SUD co-occurring disorder groups	12/7/17	12/7/17	Amy Meunier/ Krystal Judson

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Berlin

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S10 Role of Consumers on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 1/31/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Calculate Peer Specialist FTE allotment needed based on ACT Caseload size.	Data to inform management and ACT Team Leaders of appropriate Peer Specialist FTE allotment for programs with smaller ACT caseloads	11/1/17	11/15/17	Leann Despins
Present to Management the ACT fidelity recommendations regarding increasing Peer support time along with calculations by site for Peer Specialist allotment based on ACT caseload size.	Approval of increased Peer Support time	11/30/17	1/31/18	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Quality Improvement Plan Template
Northern Human Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H4 Practicing ACT Leader

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 3/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Transferring non-ACT outreach management responsibilities to another provider	Increase ACT Team Leaders Contact to 25% of his time in the community	10/1/17	12/1/17	Linda Machowski
ACT Team Leader is replacing his non-ACT outreach time with ACT clients	Increase ACT Team Leaders Contact to 25% of his time in the community	11/1/17	2/28/18	Leonard Jewell/Linda Machowski

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H7 Psychiatrist on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Hiring search for a psychiatrist/APRN to cover the Berlin office area. This will allow existing psychiatric resources that had been redeployed to Berlin to meet coverage needs to be allocated back to Conway	Psychiatric/APRN FTE allotment of .35 in Conway	9/11/18	Completion date dependent on finding a psychiatrist/APRN for the Berlin	Melissa Myers, MD

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H8 Nurse on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Talk with RN who is P/T to determine if she is available/willing to increasing number of hours she works.	Increased ACT RN availability/FTE	10/25/17	12/1/17	Leonard Jewell
Present suggested RN ACT FTE to EBP steering committee and Management counsel to initiate discussions regarding possibility of reallocating resources for additional ACT RN time.	Increase ACT RN availability/FTE	11/28/17	1/31/18	Leann Despins
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT RN support	12/15/17	ongoing	Leonard Jewell/Leann Despins

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H9 SAS on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 1/1/18 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
The ACT Team Leader in Conway has been attending the Co-Occurring Addiction Trainings and thus will be qualified as an SUD specialist	Increasing SAS FTE allotment for ACT to 1.0 FTE	In progress	12/7/17	Leonard Jewell
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT SAS support	12/15/17	Ongoing	Leonard Jewell/ Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H10 Vocational Specialist on Team

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Conway is in process of hiring a new Full Time SEP position that will have some time allocated to ACT.	Increase SEP availability for ACT clients.	11/1/17	Completion date dependent on filling the Conway SEP Position	Linda Machowski
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT SEP supports	12/15/17	Ongoing	Leonard Jewell/ Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H11 Program Size

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 2/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Present FTE recommendations for RN, FTE, MD, SAS and peer specialist roles made in the Sept 2017 ACT Fidelity Review to Management	Increase ACT team FTE's to 5 or greater	11/30/17	1/31/18	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: O4 Responsibility for Crisis services

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☒ Practice change ☒ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Weekday daytime rotation of the ACT phone, the ACT Emergency phone and Sunday daytime. ES is contacted after hours and Saturdays. Situations that would benefit from an direct ACT contact are diverted to ACT staff.	Client direct access to ACT team for Emergency supports 6 out of 7 weekdays and clear protocol for ES services on when to divert to ACT Crisis team nights/weekends.	10/1/17	10/20/17	Leonard Jewell
ACT Team Leaders and QI Director will meet to draft written parameters and protocols for when ES manages and afterhours ES call for ACT client and when it gets transferred to ACT.	Established protocols for handing ACT Crisis.	12/15/17	2/28/18	Leann Despins, Leonard Jewell, Joann Sesholtz, Amy Meunier
Present Proposed ACT/ES Crisis Protocol to Management	Management approval for modification of ES/ACT emergency protocols.	3/16/18	4/30/18	Leann Despins
Implement suggestions/ address concerns management has regarding proposed protocols	Management approval for modification of ES/ACT emergency protocols.	3/16/18	4/30/18	Leann Despins
Roll out training to ES team.	Consistent protocols for handling ACT client crisis across agency sites.	4/30/18	6/15/18	Leonard Jewell, Joann Sesholtz, Amy Meunier

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S4 Intensity of Service

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☒ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
During ACT Team Leader meeting discuss mechanisms that all NHS sites	Increase Intensity of ACT consumer service contacts	11/15/17	2/28/18	Leonard Jewell, Amy Meunier, Joann Sesholtz, Leann Despins
During supervisions, ACT Team Leader will conduct a quarterly service utilization review for ACT caseload.	Increase Intensity of ACT consumer service contacts	1/1/18	Ongoing	Leonard Jewell
QI Director will follow up with ACT Team leader every 6 months regarding practice modifications resulting from quarterly service utilization reviews	Increase Intensity of ACT consumer service contacts	1/18/18	Ongoing	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S5 Frequency of Contact

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☒ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
During ACT Team Leader meeting discuss strategies/mechanisms to evaluate consumer need to determine if an individual would benefit from increased frequency of contact.	Increase Frequency of ACT consumer contacts as appropriate	11/15/17	2/28/18	Leonard Jewell, Amy Meunier, Joann Sesholtz, Leann Despins
During supervisions, ACT Team Leader will conduct a quarterly service utilization review for ACT caseload.	Increase Frequency of ACT consumer contacts as appropriate	1/1/18	Ongoing	Leonard Jewell
QI Director will follow up with ACT Team leader every 6 months regarding practice modifications resulting from quarterly service utilization reviews	Increase Frequency of ACT consumer contacts as appropriate	1/18/18	Ongoing	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S6 Work w/Informal Support System

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 6/1/18 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Provide education to ACT team leader and ACT staff regarding what qualifies as a client's "informal support".	Improved understanding of what individual's in a consumers life might qualify as an informal support.	2/1/18	5/1/18	Leann Despins
Work with ACT team Leaders and ACT staff to improve documentation of contact with Natural Support networks	More consistent documentation of contact with the consumer's informal support system	2/1/18	5/1/18	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S7 Individualized Substance Abuse Tx

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 by 7/1/18 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
ACT Team leader is currently participating in the ACT Co-Occurring Addictions training provided by PRC	Increase SAS FTE and provision of SUD related services	In progress	12/7/17	Leonard Jewell
Documentation training with ACT SAS to help them learn to clearly demonstrate that SUD services were intentional and structured.	SAS will learn how to clearly documented SUD interventions in the chart.	3/1/18	6/1/18	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S8 Co-occurring DD Treatment Groups

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☒ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Increase collaboration between ACT staff and non-ACT staff in order to identify clients who could participate in a DD group.	Identify enough clients to form a group for Co-occurring disorders.	1/1/18	3/1/18	Leonard Jewell/ Mary Croasdale
Look into ways to create a Dual Diagnosis groups with a mixture of ACT clients and non- ACT clients in order to get enough people to form a group.	Group Sustainability	3/1/18	7/1/18	Leonard Jewell/ Mary Croasdale
ACT Team Leader will attend the ACT Co-occurring disorder training on SUD groups.	Develop strategies and techniques necessary for developing and sustaining SUD co-occurring disorder groups	12/7/17	12/7/17	Leonard Jewell

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S9 Dual Disorders Model

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 4/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Ask management approval to request a regional ACT/SUD training burst on Stage-wise psychosocial trainings and/or motivational interviewing	Get approval to have staff attend region wide training.	11/30/17	1/31/18	Leann Despins
Upon approval from Management request a training burst from the PRC for all ACT team members and schedule based on PRC availability.	Increased modalities, across all ACT Team Members of current Best Practices for SUD treatment.	12/15/17	3/15/18	Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Conway

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S10 Role of Consumers on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 2/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Calculate Peer Specialist FTE allotment needed based on ACT Caseload size.	Data to inform management and ACT Team Leaders of appropriate Peer Specialist FTE allotment for programs with smaller ACT caseloads	11/1/17	11/15/17	Leann Despins
Present to Management the ACT fidelity recommendations regarding increasing Peer support time along with calculations by site for Peer Specialist allotment based on ACT caseload size.	Approval of increased Peer Support time	11/30/17	1/31/18	Leann Despins

ACT Fidelity Quality Improvement Plan Template
Northern Human Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H8 Nurse on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
■ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
ACT Team Leader will meet with the Clinical and Area Directors for Littleton to explore whether more of the RN's time can be reallocated to ACT	Increased ACT RN availability/FTE	11/15/17	1/1/18	Joann Sesholtz
Present suggested RN ACT FTE to EBP steering committee and Management counsel to initiate discussions regarding possibility of reallocating resources for additional ACT RN time.	Increased ACT RN availability/FTE	11/28/17	1/31/18	Leann Despins
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT RN support	12/15/17	ongoing	Joann Sesholtz/ Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H9 SAS on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
One of Littleton's ACT Case managers has been attending the Co-Occurring Addiction Trainings and thus will be qualified as an SUD specialist	Cross trained staff/increasing SAS FTE allotment for ACT to 1.0 FTE	In progress	12/7/17	Stephanie Tamulonis
Monitor ACT caseload size Quarterly to assess whether ACT staffing is sufficient at current rate or if ACT staffing must increase correspondingly to adequately support ACT caseload size	Alignment between ACT caseload size and available ACT SAS support	12/15/17	Ongoing	Joann Sesholtz/ Leann Despins

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: H11 Program Size

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 2/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Present FTE recommendations for RN, FTE, MD, SAS and peer specialist roles made in the Sept 2017 ACT Fidelity Review to Management	Increase ACT team FTE's to 5 or greater	11/30/17	1/31/18	Leann Despins

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: O4 Responsibility for Crisis services

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
ACT Team Leaders and QI Director will meet to draft written parameters and protocols for when ES manages and afterhours ES call for ACT client and when it gets transferred to ACT.	Established protocols for handling ACT Crisis.	12/15/17	2/28/18	Leann Despins, Leonard Jewell, Joann Sesholtz, Amy Meunier
Present Proposed ACT/ES Crisis Protocol to Management	Management approval for modification of ES/ACT emergency protocols.	3/16/18	4/30/18	Leann Despins
Implement suggestions/ address concerns management has regarding proposed protocols	Management approval for modification of ES/ACT emergency protocols.	3/16/18	4/30/18	Leann Despins
Roll out training to ES team.	Consistent protocols for handling ACT client crisis across agency sites.	4/30/18	6/15/18	Leonard Jewell, Joann Sesholtz, Amy Meunier

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S5 Frequency of Contact

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☒ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
During ACT Team Leader meeting discuss strategies/mechanisms to evaluate consumer need to determine if an individual would benefit from increased frequency of contact.	Increase Frequency of ACT consumer contacts as appropriate	11/15/17	2/28/18	Leonard Jewell, Amy Meunier, Joann Sesholtz, Leann Despins
Meet with clinical director/office manager to identify admin support to run billing reports	Efficient	11/1/17	1/1/18	Joann Sesholtz/ Leann Despins
During supervisions, ACT Team Leader will conduct a quarterly service utilization review for ACT caseload.	Increase Frequency of ACT consumer contacts as appropriate	1/1/18	Ongoing	Joann Sesholtz
QI Director will follow up with ACT Team leader every 6 months regarding practice modifications resulting from quarterly service utilization reviews	Increase Frequency of ACT consumer contacts as appropriate	1/18/18	Ongoing	Leann Despins

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

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Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S6 Work w/Informal Support System

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 6/1/18 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Provide education to ACT team leader and ACT staff regarding what qualifies as a client's "informal support".	Improved understanding of what individual's in a consumers life might qualify as an informal support.	2/1/18	5/1/18	Leann Despins
Work with ACT team Leaders and ACT staff to improve documentation of contact with Natural Support networks	More consistent documentation of contact with the consumer's informal support system	2/1/18	5/1/18	Leann Despins

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S7 Individualized Substance Abuse Tx

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 by 7/1/18 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Littleton's ACT case manager is currently participating in the ACT Co-Occurring Addictions training provided by PRC	Increase SAS FTE and provision of SUD related services	In Progress	12/7/17	Stephanie Tamulonis
Documentation training with ACT SAS to help them learn to clearly demonstrate that SUD services were intentional and structured.	SAS will learn how to clearly documented SUD interventions in the chart.	3/1/18	6/1/18	Leann Despins

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S8 Co-occurring Do Treatment Groups

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 by 9/15/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Increase collaboration between ACT staff and non-ACT staff in order to identify clients who could participate in a DD group.	Identify enough clients to form a group for Co-occurring disorders.	1/1/18	3/1/18	Carol Houghton/ Stephanie Tamulonis
Look into ways to create a Dual Diagnosis groups with a mixture of ACT clients and non- ACT clients in order to get enough people to form a group.	Group Sustainability	3/1/18	7/1/18	Carol Houghton/ Stephanie Tamulonis
Littleton's ACT Case Manager and LADC will attend the ACT Co-occurring disorder training on SUD groups.	Develop strategies and techniques necessary for developing and sustaining SUD co-occurring disorder groups	12/7/17	12/7/17	Carol Houghton/ Stephanie Tamulonis

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S9 Dual Disorders Model

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by 4/1/18 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Ask management approval to request a regional ACT/SUD training burst on Stage-Wise psychosocial trainings and/or motivational interviewing	Get approval to have staff attend region wide training.	11/30/17	1/31/18	Leann Despins
Upon approval from Management request a training burst from the PRC for all ACT team members and schedule based on PRC availability.	Increased modalities, across all ACT Team Members of current Best Practices for SUD treatment.	12/15/17	3/15/18	Leann Despins

Include additional forms if needed.

NH Department of Health and Human Services
Bureau of Mental Health Services

Location: ■ Littleton

Date: 11/13/17

ACT Fidelity Area in Need of Improvement: S10 Role of Consumers on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 2/1/18 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☒ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Calculate Peer Specialist FTE allotment needed based on ACT Caseload size.	Data to inform management and ACT Team Leaders of appropriate Peer Specialist FTE allotment for programs with smaller ACT caseloads	11/1/17	11/15/17	Leann Despins
Present to Management the ACT fidelity recommendations regarding increasing Peer support time along with calculations by site for Peer Specialist allotment based on ACT caseload size.	Approval of increased Peer Support time	11/30/17	1/31/18	Leann Despins

Include additional forms if needed.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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November 16th, 2017

Leann Despins, Director of Quality Improvement and Compliance
Northern Human Services
87 Washington Street
Conway, NH 03818

Dear Ms. Despins,

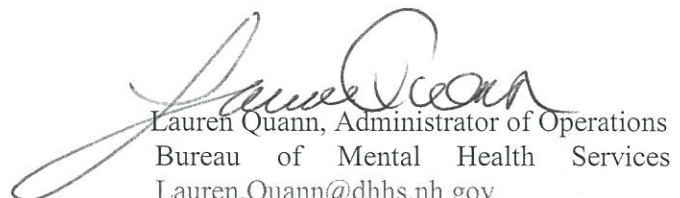
The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on November 14th, 2017 that was in response to the ACT Fidelity Review conducted by the Dartmouth Hitchcock consultants on September 12th, 2017 through September 14th, 2017. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

Please contact Lauren Quann if you have any questions regarding this correspondence, process questions, or ongoing support needs at 603-271-8376, or by e-mail: Lauren.Quann@dhhs.nh.gov.

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,


Julianne Carbin, Director
Bureau of Mental Health Services
Julianne.Carbin@dhhs.nh.gov
603-271-8378


Lauren Quann, Administrator of Operations
Bureau of Mental Health Services
Lauren.Quann@dhhs.nh.gov
603-271-8376

Enclosures:
CC: Karl Boisvert, Diana Lacey